

In this space, the applicant must attach a clean, full-face photo of head and shoulders taken within the past six (6) months.

2"x2" SIZE PHOTO

major credit reporting services.

### ALABAMA ATHLETIC COMMISSION

2777 Zelda Road • Montgomery, AL 36106

Phone: (334) 420-7231 Fax: (334) 263-6115

# APPLICATION FOR LICENSURE AS A PROMOTER

TYPE: [ ] MMA [ ] WRESTLING
[ ] BOXING
[ ] BARE KNUCKLE BOXING
[ ] TOUGHMAN
[ ] KICKBOXING

(Select only **ONE TYPE** above)
\*A separate application and fee is required for each additional **TYPE**.

OFFICIAL USE by Alabama Athletic Commission

Acknowledgement of Receipt

Commission's Official Use Only:					

#### \*RESTRICTIONS MAY APPLY IF CURRENTLY LICENSED AS AN OFFICIAL:

NO APPLICATIONS TO SERVE AS AN OFFICIAL WILL BE ACCEPTED FOR ANYONE CURRENTLY LICENSED BY THIS COMMISSION TO SERVE OR HAS SERVED WITHIN THE LAST FIVE (5) YEARS AS A PROMOTER, MATCHMAKER, TRAINER, MANAGER, SECOND OR COMPETITOR.

I hereby make application for licensure in the State of Alabama to serve as a PROMOTER under the jurisdiction of the Alabama Athletic Commission: 1. Full Name (Legal Name of Owner, Co-Owner or Individual Contact for Promotion – Public Record) Doing Business As (DBA) \_\_\_\_\_ \_\_ Incorporated: (Legal Name of Promotion - Public Record) (**Indicate:** LLC, Partnership, Sole-Owned) \*NOTE: IF YOUR PROMOTION HAS MULTIPLE POINTS OF CONTACT, YOU MUST ATTACH A LIST WITH ALL INDIVIDUALS' LEGAL NAMES, ADDRESSES, PHONE NUMBERS AND EMAIL ADDRESSES.  $\begin{tabular}{ll} \textbf{Telephone} & ( \underline{ \ \ \ \ \ } ) \\ \hline & ( Circle One: Office/Home/Cell Phone) \\ \end{tabular}$ Address of Record \_ (The Above Address IS Public Record) State, Zip **Mailing Address** (The Above Address IS NOT Public Record) Street/P.O. Box City State, Zip \_\_/\_\_\_\_/ Place of Birth\_\_\_\_\_ Social Security No. \_\_\_\_/\_\_/ Are you incorporated or otherwise legally recognized under the laws of its domicile? [ ]Yes [ ]No Are you a United States citizen? [ ]Yes [ ]No If **NO**, do you have documentation that you are here legally? [ ]Yes [ ]No \*\*Please ATTACH documentation that proves your assertion Have you ever held a Boxing, Kickboxing, MMA, Toughman or Wrestling related license in any other state? [ ]Yes [ ]No \*If YES, LIST the STATE, POSITION and TYPE of license: (Ex: California-Matchmaker, Boxing) [ ]Yes [ ]No Have you ever been convicted of any State or Federal felony? \*If YES, ATTACH a detailed statement, including a summary of the charges, the final order, any probation or parole documentation and any other relevant information. Have you ever had a Boxing, Kickboxing, MMA, Toughman or Wrestling related license or registration revoked, [ ]Yes [ ]No suspended, fined or otherwise sanctioned for a violation? \*If YES, ATTACH a COPY of the charges and the final order. 10. Have you ever filed for bankruptcy in any state jurisdiction? [ ]Yes [ ]No \*If YES, ATTACH a COPY of the final bankruptcy order, and a current credit report from one of the three

AAC-Promoter\_01\_22\_2020 PAGE 1 of 2



## APPLICATION FOR LICENSURE

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	*A separate application and	fee is required for each additi	ional TYPE.		
**You must sign applica	ion in the presence of a Notary	Public, Commissioner of	r Commission-Appointed	Representative.	
Full Name Print Name	Date of B	irth/	Social Security No		
Print Name					
> LIST the names and contact (ATTACH letters of reference		ons who can attests to	your personal integrity	y:	
Name:		Address:		TELEPHONE #:	
	AF	FIDAVIT			
I hereby certify that I am the person or affirm that the information provide that I have read the AAC Administrati is being submitted. I also hereby aut Commission or its authorized represe bearing on my eligibility for or mainted to any other regulatory entity in any j have bearing on my eligibility for or not be a submitted to any other regulatory entity in any j have bearing on my eligibility for or not be a submitted to any other regulatory entity in any j	d on and attached to this applicative Code and will comply with the norize and direct any person, agentative, any information, communance of the license for which I aurisdiction any information requestions.	ion is true and accurate to State Laws and Rules governcy, firm, or other entity nication, report, record, st m applying. I also hereby sted about me that may other	the best of my knowledge erning the license and practi to release, upon the reque atement, disclosure, or reco authorize the Alabama Att nerwise be otherwise protect	and belief. I further certify ice for which this application est of the Alabama Athletic commendation that may have hletic Commission to release	
		Signature of Applic	cant		
State of, County	of ss				
Subscribed and sworn before me t		20			
Subscribed and sworn before me t	ns day or	, 20			
	Notary Pu	blic Signature (Or Com	mission-Appointed Repr	resentative)	
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AAC-Promoter\_01\_22\_2020 PAGE 2 of 2

DATE

APPROVED BY ALABAMA ATHLETIC COMMISSION